



EPIDEMIOLOGY UNIT
MINISTRY OF HEALTH



FORM: EPID/37/6/R2015

POLIO ERADICATION INITIATIVE
MONTHLY REPORTING FORM FOR AFP, MEASLES, RUBELLA & CRS
CASES BY REGIONAL EPIDEMIOLOGIST
(Active surveillance for sentinel sites)

DPDHS DIVISION :

MONTH OF REPORTING :**20**.....

Date of onset	Disease	Name	Age	Sex (M/F)	Residential Address	MOH Area	Source of Information				Name of Institution
							Director/MS/DMO/MOI/C	Paediatrician/Physician/MO	Admission Register	Notification Register	

Name : Signature: Date :

*Please forward this return **MONTHLY** before 10th of the following month to the Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 01000. (Fax (0112)2696583). Even if no cases are detected send a Nil return. (Please visit the institution weekly to find cases).